

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-044953

STATE FILE NUMBER

Registration District No. 228 Primary Registration District No. 3054 Registrar's No. 151

FILED NOV 20 1963

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>PIKE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>LOUISIANA</u>		Length of stay in 1b <u>3 HRS</u>	c. CITY OR TOWN <u>FRANKFORD</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>PIKE CO. HOSPITAL</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>EAST</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>BENJAMIN</u> Middle <u>LAMONT</u> Last <u>GLOVER</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>15</u> Year <u>1963</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/25/1962</u>	9. AGE (last birthday) Months <u>10</u> Days <u>16</u>	IF UNDER 1 YEAR Hours <u>10</u> Min. <u>16</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>PITTSFIELD ILLINOIS</u>	
13a. FATHER'S NAME <u>EARL GLOVER</u>		13b. MOTHER'S MAIDEN NAME <u>SHIRLEY HUBBARD</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. EARL GLOVER FRANKFORD Mo.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT Address <u>MRS. EARL GLOVER FRANKFORD Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Primary Atypical Pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Primary Viral Pneumonia</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour <u>2:40</u> a.m. <u>PM</u> Month, Day, Year <u>11-15-63</u>		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>FRANKFORD</u> COUNTY <u>Mo.</u> STATE <u>Mo.</u>
21. I attended the deceased from <u>11-15-63 10 AM</u> to <u>11-15 2:40 PM</u> and last saw her/him alive on <u>11-15-63</u> Death occurred at <u>2:40 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) <u>E. P. Hansen DO.</u>	22b. ADDRESS <u>Frankford Mo.</u>	22c. DATE SIGNED <u>11-15-63</u>
23a. BURIAL CREMATION, REMOVAL (Specify) <u>NOV 18 1963</u>	23b. DATE <u>NOV 18 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW CEMETERY</u>
23d. LOCATION City, town, or county <u>FRANKFORD Mo.</u>	(State)	

24. FUNERAL DIRECTOR <u>MEGOWN FUNERAL HOME FRANKFORD Mo.</u>	25. DATE REGD. BY LOCAL REG. <u>11-18-63</u>	26. REGISTRAR'S SIGNATURE <u>Burniese collin</u>
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(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Geo. M. Callier

Licensed Embalmer No. 3839

P. O. Address Louisiana Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.